



Offender Success



Committed to Protect, Dedicated to Success

Housing Choice Voucher Initiative Project Project Guide

*A collaborative effort between the Michigan Department of Corrections (MDOC) and
Michigan State Housing Authority (MSHDA)*

Revised April 2018

I. Introduction

Achieving public safety through offender success requires targeting the risks and needs of returning offenders through an effective combination of supervision strategies, services and collaborative case management. For homeless offender populations, research supports an approach which employs both service matching and effective case management (inclusive of supervision strategies) to achieve good outcomes towards housing stability.

Service matching for assessed needs such as poverty, unemployment, mental/physical disability and substance abuse should be addressed. Responsivity issues for targeted populations should be taken into account such as gender, involved dependents and specialized population groups such as veterans to ensure any approach taken is responsive to their presenting needs of as well as those dependents who may reside with them.

Under MSHDA's Housing Choice Voucher (HCV) program, rent subsidies are provided for citizens with very low income to find their own housing in homes or apartment buildings. For more information on MSHDA's HCV Program visit http://www.michigan.gov/mshda/0,4641,7-141-5555_41607---,00.html

MSHDA and the Michigan Department of Corrections have entered into a Memorandum of Understanding to make available a select number of Housing Choice Vouchers available to MDOC parolees and Special Alternative Incarceration (S.A.I) offenders currently under MDOC community supervision (who qualify meeting MSHDA requirements) to receive voucher assistance. Voucher allotments have been made for each of the 10 Regions of the state, with contact points identified from the MDOC (Resource Specialist or Reentry Lead Agent) and MSHDA Housing Agencies (Housing Agent) to screen, enroll offenders and case manage enrolled offenders.

Pre-Screening Process to Program Exit- MDOC Resource Specialists and Reentry Lead Agents typically manage Offender Success Housing lists for offenders receiving housing funded with MDOC Offender Success funds. These staff will be connecting with supervising field agents, for those enrolled into OS-funded housing for 30 days or more to initiate the screening process. Likewise, Field Agents may initiate the screening process for offenders housed in shelters not paid with OS-funds or living with family, friends and others (commonly known as couch-surfing) who've resided there for 30 or more days. Once enrolled, if offenders continue to meet program requirements, including income levels, it is entirely probable that many may still be receiving voucher assistance beyond their discharge from MDOC supervision. While enrolled and under MDOC supervision, the expectation is that supervising Field Agents, Resource Specialist/Reentry Lead Agents and MSHDA Housing Agent will collaborate to address issues around HCV program rule adherence and landlord related issues, applying other services as well as ensuring the offender is pulling their weight towards achieving the desired successful outcome.

Successful Program Outcome - Offender or ex-offender exits program due to financially able to secure their own housing (no longer meeting HCV financial requirements) through any combination of employment, benefits or other household income to support their housing.

Offenders may be unsuccessfully discharged from the program for these reasons:

Unsuccessful HCV Program Outcome

1. Program Rule Violation - Offender or ex-offender is exited for violating HCV Program Rules (e.g., failure to pay rent, criminal activity, etc.).
2. Offender Supervision Rule Violation – Offender returns to prison as a result of a sustained technical violation of their supervision requirements or committed new crime(s). Offender on abscond status over 30 days.
 - a. MDOC Resource Specialist or Reentry Lead Agent will notify the MSHDA Housing Agent in writing should this occur so that proper exit from the HCV Program can be completed.

To assist all partners involved within this initiative project:

- MSHDA and MSHDA's network of Housing Agencies
- MDOC and MDOC's network of Offender Success Administrative Agency Contractors
- MDHHS and MDHHS' network of staff assisting with screening offenders for State Emergency Relief (SER) assistance for utilities and security deposits.

This Project Guide also includes a detailed **process** covering activities from pre-screen to exit. It also has a built-in process to address vacated stays for offenders who temporarily leave the rental home due to certain circumstances, yet keep them in the program while addressing back-rent issues to their absence, an example of how the program is responsive to the anticipated needs of our population in still keeping them engaged with a successful outcome in mind. Additionally, screening for Michigan Department of Human Services assistance to cover security deposits required by some landlords is addressed.

Questions concerning this Guide's content can be directed to:

Chris Trudell, Manager
Offender Reentry Unit/Reentry Administration
Michigan Department of Corrections
trudellc@michigan.gov
Phone: (517) 241-5674

Questions concerning MSHDA's Housing Choice Voucher Program can be directed to:

Christine Miller, Supportive Housing Specialist
Michigan State Housing Development Authority
MillerC10@michigan.gov
(517)373-7283

Questions concerning access to DHHS' State Emergency Relief services (utilities/security deposits)

Tammy Bair, SER Specialist
Michigan Department of Health and Human Services
bairt@michigan.gov, (517) 342-0030

II. Process: Pre-Screen Process

- See Attachment: Housing Choice Voucher Pre-Screening Form
- See Attachment: Justice – Service Prioritization Decision Assistance Tool (Justice – SPDAT)

A. Pre-screening Process

| <u>Who</u> | <u>Does What</u> |
|---|---|
| MDOC Resource Specialist or Reentry Lead Agent | <ol style="list-style-type: none">1. Maintains Region/Site Housing Roster for enrolled offenders in Reentry Offender Success (OS)-funded housing.2. Provides Housing Choice Voucher (HCV) Pre-Screening Form to supervising Field Agent for offenders in housing longer than 30 calendar days. Screens housing rosters at least monthly for those over 30 days for pre-screening. |
| MDOC Supervising Field Agent | <ol style="list-style-type: none">3. Receives HCV Screening Form and completes Section I – Offender Information/Criteria and provides form back to Resource Specialist/Reentry Lead Agent. <div>OR</div>4. Field Agent Initiated Screening - Completes HCV Pre-Screening Form, Section I for offenders on caseload who are in Non (OS)-funded Housing over 30 days, (e.g., local shelters) and provides form to Resource Specialist/Reentry Lead Agent. |
| MDOC Resource Specialist or Reentry Lead Agent | <ol style="list-style-type: none">5. Checks “ineligible” box under the Screening Result area (bottom of form) for those not meeting ALL criteria in Section I and retains form, updates housing roster indicating ineligibility. If eligible, continue to step #6.6. Administers Justice-SPDAT to offender. Remain present to assist offender in explaining questions and ensures completion of Justice-SPDAT.7. Complete Section II of the HCV Pre-Screen Form, including Screening Result.8. Retains Justice-SPDAT form with HCV Screening Form in the offender’s HCV file, updates Pre-Screen Waitlist eligibility results. Offenders are placed on the list based on their Final Score and placed at the bottom of their score tier. For example, if an offender’s final score was 18, they would be placed at the bottom, within tier 18, score on the list. First-come first serve but priority based on their Final Score.9. Provide assigned Offender Reentry Unit (ORU) Liaison with updated Pre-Screen Wait Lists for ALL screened offenders by the 5th calendar day of the month. Roster shall include:<ol style="list-style-type: none">a. Offender Name/Number, County of Supervisionb. Final Pre-Screen Eligibility Statusc. Final Score (criteria #8)d. If ineligible, criteria/criterion #(s)e. Voucher Received (Y/N) |

10. Reviews Pre-Screen Waitlists and take steps to ensure offenders are appropriately screened and eligibility waitlists are provided to local Housing Agents.

Pre-Screen Process Ends

B. HCV Final Screening and Enrollment

- See Attachment: HCV Program Pre Application Referral
- See Attachment: HCV Program Participant Agreement
- See Attachment: Authorization for Release of information
- See Attachment: MDOC Lead Agency Key Person Security Agreement

Who

Does What

MSHDA Housing Agent

1. At the time of an HCV vacancy(s), if there are not sufficient names on the existing waiting list, the MSHDA Housing Agent will provide the MDOC Resource Specialist or Reentry Lead Agent with the number of HCV vacancies to be filled.

MDOC Resource Specialist or Reentry Lead Agent

2. Pulls from the Pre-Screen Waitlist, top of the list and meets with offenders to complete the following forms (attached), retained in the Offenders HCV file:
 - a. MDOC Initiative HCV Program Pre-Application Referral
 - b. MDOC Initiative HCV Program Participant Agreement
 - c. MDOC Initiative Authorization for Release of Information
3. Obtains supervising parole agent's signatures on forms for 2(a) and 2(b) above
4. Completes web-based MSHDA Waiting List Pre-Application process for number of offenders requested by the MSHDA Housing Agent. Note: Staff completing web-based process must have an approved MDOC Initiative Lead Agency Key Security Agreement with an assigned pass code.

MSHDA Housing Agent

5. Completes the waiting list selection process and sends out to the MDOC Resource Specialist or Lead Agent Screens the notification that the applicant(s) has been drawn.

MDOC Resource Specialist or Reentry Lead Agent

6. Meet with the applicant, review materials, and gather supporting documents, ensure completion of packet and forwards completed packet to MSHDA Housing Agent. Key documents; Social Security Card, Birth Certificate, State ID/Driver's License.

MSHDA Housing Agent

7. Review and complete screening eligibility which includes, but is not limited to, criminal history, 30% AMI determination, prior owed money to PHAs or evicted from public housing within established timeframes.

Contacts MDOC Resource Specialist/Reentry Lead Agent on final eligibility. Proceed to step #6 if eligible.

- | | |
|--|---|
| MDOC Resource Specialist or Reentry Lead Agent | 8. Contacts supervising MDOC Field Agent to confirm offender compliance status with supervision requirements and that MDOC Field Agent still recommends placement within the HCV program. Proceed to step #7 for those recommended for placement. Notifies MSHDA Housing Agent if they are no longer eligible for placement in writing and that the application must be denied for cause. |
| MSHDA Housing Agent MDOC Supervising Field Agent MDOC Reentry Lead Agent/ Resource Specialist | 9. BRIEFING - Meet with the offender to enroll them in the HCV Program covering: <ul style="list-style-type: none"> a. HCV program rules and required forms completion b. Consent form(s) completion c. Offender expectations d. Roles of MDOC Resource Specialist/Reentry Lead Agent and Supervising Field Agent. e. Process for recruiting, selecting and approving Landlord locations; 60-90 day process to house within approved landlord location. f. MSHDA Housing Agent provides Request for Tenancy Approval Packet (RFTA) Packet to Resource Specialist/Reentry Lead Agent. |

HCV FINAL SCREENING AND ENROLLMENT ENDS

C. Landlord Location Approval Process

- | | |
|---|--|
| MDOC Resource Specialist or Reentry Lead Agent | <ol style="list-style-type: none"> 1. Works with local Housing Continuum of Cares (CoCs), MSHDA Housing Agent(s) and offender to identify landlord options, also using internet-based tools to locate landlord options such as; www.showmethereant.com MSHDA Housing Locator, local rental management companies and housing brokers. 2. Discuss available landlord housing location options with Housing Agent to ensure they fall within local Payment Standards (PS)/MSHDA rental requirements for rent reasonableness and affordability. 3. Conduct landlord recruitment activities, when appropriate collaborate with the MDOC Supervising Field Agent. Tips: <ul style="list-style-type: none"> a. Advise landlords to include utilities in monthly rent rates to enable faster payment for vacated stays. b. Address process for addressing back-rent owed via vacated stays and that stays longer than 30 days, landlord will need to take steps to find another tenant with exception of residential treatment stays and IDRP. c. If security deposit is required and amount. d. Recruit for locations approved by the supervising MDOC Field Agent before proceeding to Step #4 <p>Include listing within Monthly Community Coordinator Report of those landlords recruited. For each on the list indicate if successful or unsuccessful. If unsuccessful, indicate the reason.</p> |
|---|--|

- | | |
|---|---|
| MDOC Resource Specialist or Reentry Lead Agent | 4. For landlords agreeing to house the offender within the HCV program, provide RFTA packet (provided by MSHDA Housing Agent). Also identify if landlord requires security deposit and amount. Typically can be completed within one hour and cover letter indicates to send completed packet back to the MSHDA Housing Agent. For MDOC Field Agent-approved locations, proceed to step #5. |
| MSHDA Housing Agent | 5. Receives RFTA Packet and determines if the rental unit meets affordability and comparability requirements. If met, conducts Housing Quality Inspection. If approved: <ul style="list-style-type: none"> a. Finalize monthly Housing Assistance Payment (HAP) going directly to the landlord and the Tennant Paid Portion (TPP) paid directly by the Tenant (offender) to the landlord. Sends written notification to landlord and MDOC Reentry Housing Specialist/Reentry Lead Agent to move forward with move in date and lease agreement. |
| MDOC Resource Specialist or Reentry Lead Agent | 6. If security deposits/utility payments are required, contact local DHHS Office to apply for State Emergency Relief (SER) funding to support security deposits. If not, proceed to #7. |
| | 7. Consult Supervising Field Agent, MSHDA Housing Agent to confirm move-in date. Offender moves in. |

Landlord Location Approval Process Ends with the Offender Moving In

D. Housing Choice Voucher Initiative Project – Program Participation through Exit

It is anticipated that the supervising MDOC Field Agent, MDOC Resource Specialist/Reentry Lead Agent, MSHDA Housing Agent, Landlord and the offender will continue collaborating, as necessary to address barriers that may arise, up until the offender discharges from MDOC supervision or exits the HCV program whichever comes first. After discharge from MDOC supervision for offenders still enrolled, the MSHDA Housing Agent continues to be involved until the former offender exits the HCV program with no additional requirements by MDOC. Under HCV rules, voucher services will continue to support the offender or ex-offender until such time as they no longer meet HCV eligibility guidelines or are terminated from the program due to rule violations. Collaboration may take the form of:

1. Working with local landlords to address their concerns.
2. Address offender behavior that may result in their exiting the HCV program for **program rule violations** (e.g., non-payment of rent, keeping a clean home, unreported income, unauthorized occupants).
3. Take pro-active steps in addressing offender behavior that may result in a violation of supervision standards without exiting the offender from the HCV program, to the extent allowable. If addressing behavior requires them to reside elsewhere (e.g., substance abuse residential treatment, local county jail, 24/7 housing or other program) takes steps to ensure offender is obligated to pay, when they have the income to pay, for rent during their vacated stay and continues to remain in the HCV program consistent with HCV rules upon their return to landlord housing. See - III. Vacated Stays for more information.

Offenders on abscond status for 30 days or less and returned to supervision status will remain in the HCV program.

III. Vacated Stays

Offenders who vacate their landlord location for the below authorized reasons MAY remain in the HCV program based on written documentation provided to the Housing Agent (from Resource Specialists or Reentry Lead Agents) and confirmed by the Field Agent with documentation to include:

1. Date offender vacated landlord housing
2. Expected date of return
3. Reasons for vacating (see below)
4. Payment status of offender's portion of rent

Authorized reasons for vacating, yet still allowing the offender to remain in the HCV program are:

1. Offender absconded and returned to community supervision.
2. Offender required to participate in residential substance abuse treatment program
3. Offender was required to be housed at an alternate location to address violation or other behavior.
4. Offender vacated the landlord location for other reasons and vacated stay was generally within 45 days or less (did not result in their return to prison) to account for specialized programs such as Intensive Detention Reentry Program (IDRP).
5. Hospitalization stays up to 180 days per episode, every effort shall be made to set up landlord payments during the absence (e.g. direct deposit) to ensure the offender's portion of the rent is covered.

Process for Addressing back-rent due to vacated stays

Offenders shall be responsible for payment of their rent during the period of their vacated stay, failure to fulfill payment obligations may result in their termination from the HCV program consistent with HUD/MSHDA guidelines. If the supervising Field Agent determines that the offender is indigent, and unable to pay for back-rent due to a vacated stay, the following process shall be followed:

1. **Supervising Field Agent** sends an e/mail request through their Chain of Command to the FOA Regional Manager requesting funding to cover rent during their absence. The e/mail shall include:
 - a. Offender name/number, date vacated, and date returned to landlord location.
 - b. Reasons (see authorized reasons for vacating above)
 - c. Address location for landlord housing where offender resides.
 - d. Approximate amount of rent due (based on offender interview and verified with the landlord or Resource Specialist/Lead Agent in contact with the landlord)
2. **FOA Regional Manager** If approved, forwards approved e/mail request via e/mail to the Manager, Offender Reentry Unit/Reentry Administration. Denied requests forwarded back to Field Agent for more information or requiring offender to pay as income was available. Go to step #3, if approved.
3. **ORU Manager**, if approved forwards to appropriate Community Coordinator for authorization to pay amount directly to landlord, using budgeted Residential Stability –Base Housing funds within their Offender Success Administrative Agency contract.
4. **Community Coordinator** – Processes request within their agency ensuring payment is made promptly to landlord, MDOC is invoiced for the amount and report expense on their monthly data collection report to the MDOC with back-up documentation (check copy or payment voucher receipt).

Housing Choice Voucher (HCV) Pre-Screening Form

I. Offender Information/Criteria (Completed by Supervising Parole Agent)

| | | | |
|--|---|---|--|
| Prisoner Name (Last, First): | | | |
| Prisoner MDOC #: | | | |
| Type of Transitional Housing | <input type="checkbox"/> Offender Success-funded and over 30 days in housing <input type="checkbox"/> Not in Offender Success-funded housing, residing in a Shelter, living with family or others over 30 days | | |
| Screening Criteria – Must screen as “Met Requirement” for all 6 criteria | | Yes/No/NA | |
| 1. If Sex Offender, does NOT have lifetime SO Registration Requirement. If no lifetime ban, check Met Requirement. Click N/A if not a sex offender. | | <input type="checkbox"/> Met Requirement <input type="checkbox"/> Not Met <input type="checkbox"/> N/A | |
| 2. If Sex Offender and is in transitional housing, IS NOT in housing due solely to parole/S.A.I probation conditions preventing them from living in a home placement they have but due to restrictions can not reside there (e.g., no contact with children, home was too close to park/school). If not in transitional housing due to parole/probation restrictions, check Met Requirement. Check N/A if Not a sex offender. | | <input type="checkbox"/> Met Requirement <input type="checkbox"/> Not Met <input type="checkbox"/> N/A | |
| 3. Has NOT been convicted of Methamphetamine Manuf. & Delivery (family members residing with offender in HC also)? If not been convicted, check Met Requirement. | | <input type="checkbox"/> Met Requirement <input type="checkbox"/> Not Met | |
| 4. Has been in transitional housing for 30 days and following all housing rules? If yes, then check Met Requirement. | | <input type="checkbox"/> Met Requirement <input type="checkbox"/> Not Met | |
| 5. No violation behavior and compliant with parole order requirements in preceding 30 days. If violation free and compliant, check Met Requirement. | | <input type="checkbox"/> Met Requirement <input type="checkbox"/> Not Met | |
| 6. Must not have been convicted of a violent offense within the past 2 years and drug crime within the past year. If not been convicted, check Met Requirement. | | <input type="checkbox"/> Met Requirement <input type="checkbox"/> Not Met | |
| Parole/SAI Agent Name: | | | |
| Parole/SAI Agent Phone Number: | | | |
| Parole Office Location: | | | |
| Date: | | | |

II. Criteria (Completed by Resource Specialist or Reentry Lead Agent)

(if offender meets all criteria, yes to 1 – 6 above)

| | |
|--|---------------------------|
| 7. Justice SPDAT Score (must score 8 or above) | Enter Score: |
| 8. If score 8 or above, combine the following, enter the final Score <input type="checkbox"/> Add 1 point if offender will reside with dependent children <input type="checkbox"/> Add 1 point if offender is 60 years or older <input type="checkbox"/> Add 2 points if offender scored on Justice-SDAT for Tri-morbidity (history of mental, physical disability and substance abuse) <input type="checkbox"/> Add 2 points if offender is veteran | Enter Final Score: |
| Final Pre-Screening Result <input type="checkbox"/> Eligible, Met all criteria 1 through 7 <input type="checkbox"/> Ineligible, did not meet all criteria 1 through 7 | |
| Reentry Lead Agent/Resource Specialist Name | |
| Offender Success Region | |
| Date: | |

Original form with SPDAT to be retained together by Resource Specialist or Reentry Lead Agent

MDOC Initiative
Lead Agency Key Person Security Agreement
(MDOC Preference Code)

Instructions:

Section I, II, & III to be completed by the MDOC Lead Agency

Section IV, V, VI to be completed by MSHDA Rental Assistance and Homeless Solutions Division

Section I – Enrollment Profile

| | | |
|---|--|---|
| MDOC Lead Agency Name | | County/Countries Represented |
| MDOC Lead Agency Address | | |
| Name of Authorized Signatory for the Lead Agency | | Title of Authorized Signatory for the Lead Agency |
| Key Person's Name (Legal Last, First, Middle Initial) | | Title of Key Person |
| Key Person Email | | |
| Access Request | | |
| <input type="checkbox"/> Grant MDOC Preference Code Access <input type="checkbox"/> Terminate MDOC Preference Code Access | | |

Section II-Security Agreement

The MDOC Lead Agency and Key Person listed under Section I of this document accept and agree to the following:

1. To comply with the State of Michigan Computer Crime Law (Public Acts 1979-53).
2. To use the MDOC Preference code to perform the functions outlined in the signed Memorandum of Understanding for MSHDA to the exclusion of all other uses.
3. To report to MSHDA any threat to or violation of the MDOC Preference code's security.
4. To protect the MDOC Preference code provided by MSHDA from unauthorized use. I understand that every action completed under the MDOC Preference code of the Key Person listed under Section I of this document is recorded as being completed by the listed Key Person. I will hold all information obtained from the requested applications in the strictest confidence and comply with all state and departmental security guidelines. I will be bound by all federal and state laws concerning confidentiality of the applicant, voucher holder(s), payees, owners, and contracted partners and other confidential or sensitive information that may come into my possession. I will not disclose any confidential or sensitive information that comes into our possession as a result of this agency's Memorandum of Understanding with MSHDA except in accordance with applicable law, MSHDA regulations and procedures, and the MOU.
5. To comply with State and Federal laws regarding confidentiality to protect an individual's rights and privacy.
6. To protect my unattended workstation by logging off or invoking a hotkey password supported screen saver.

Section III – MDOC Lead Agency Certification

As a Key Person for the MDOC Lead Agency, I have read the above security agreement and pages 3 and 4 of this document. The MDOC Lead Agency and I understand and agree to comply with its contents. Further, the MDOC Lead Agency and I understand that any violation of the security agreement's contents may result in termination of access privileges and/or recommendation for prosecution.

Signature of **Authorized Signatory** for the MDOC Lead Agency

Date

Phone

Signature of **Key Person** Receiving Access to the MDOC Preference Code

Date

Phone

Section IV – MSHDA Access Certification

By signing this document, I certify that the above MDOC Lead Agency requires the requested access to the MDOC Preference code in order to perform its duties under its Memorandum of Understanding. I also certify that I understand the functions of the MDOC Preference code and the access that I am requesting for the above MDOC Lead Agency.

Assigned PBV Specialist Signature

Date

Phone

Section V – MSHDA Access Granted

MDOC Code Administrator Signature

Date

Phone

Initial Code

New Code

Date

Reason

Section VI – MSHDA Access Confirmation

System Manager Signature

Date

Phone

Action Completed: ☐ MDOC Preference Code Issued ☐ MDOC Preference Code Deleted

AN ACT to prohibit access to computers, computer systems, and computer networks for certain fraudulent purposes; to prohibit intentional and unauthorized access, alteration, damage, and destruction of computers, computer systems, computer networks, computer software programs, and data; and to prescribe penalties.

PUBLIC ACTS 1979 – No. 53

The People of the State of Michigan enact:

752.791 Meanings of words and phrases. [M.S.A. 28.529(1)]

Sec. 1. For the purposes of this act, the words and phrases defined in sections 2 and 3 have the meanings ascribed to them in those sections.

752.792 Definitions; A to C. [M.S.A. 28.529(2)]

Sec. 2. (1) "Access" means to approach, instruct, communicate with, store data in, retrieve data from, or otherwise use the resources of, a computer, computer system, or computer network.

(2) "Computer" means an electronic device which performs logical, arithmetic, and memory functions by the manipulations of electronic or magnetic impulses, and includes input, output, processing, storage, software, or communication facilities which are connected or related to a device in a system or network.

(3) "Computer network" means the interconnection of communication lines with a computer through remote terminals, or a complex consisting of 2 or more interconnected computers.

(4) "Computer program" means a series of instructions or statements, in a form acceptable to a computer, which permits the functioning of a computer system in a manner designed to provide appropriate products from the computer system.

(5) "Computer software" means a set of computer programs, procedures, and associated documentation concerned with the operation of a computer system.

(6) "Computer system" means a set of related, connected or unconnected, computer equipment, devices, and software.

752.793 Definitions; P to S.[M.S.A. 28.529(3)]

Sec. 3. (1) "Property" includes financial instruments; information, including electronically produced data; computer software and programs in either machine or human readable form; and any other tangible or intangible item of value.

(2) "Services" includes computer time, data processing, and storage functions.

752.794 Prohibited access to computer, computer system, or computer network. [M.S.A. 28.529(4)]

Sec. 4. A person shall not, for the purpose of devising or executing a scheme or artifice with intent to defraud or for the purpose of obtaining money, property, or a service by means of a false or fraudulent pretense, representation, or promise with intent to, gain access or to cause access to be made to a computer, computer system, or computer network.

752.795 Gaining access to, altering, damaging, or destroying computer, computer system or network, software program, or data. [M.S.A. 28.529(5)]

Sec. 5. A person shall not intentionally and without authorization, gain access to, alter, damage, or destroy a computer, computer system, or computer network, or gain access to, alter, damage, or destroy a computer software program or data contained in a computer, computer system, or computer network.

752.796 Violations. [M.S.A. 28.529(6)]

Sec. 6. A person shall not utilize a computer, computer system, or computer network to commit a violation of section 174 of Act No. 328 of the Public Acts of 1931, as amended, being section 750.174 of the Michigan Compiled Laws, section 279 of Act No. 328 of the Public Acts of 1931, being section 750.279 of the Michigan Compiled Laws, section 356 of Act No. 328 of the Public Acts of 1931, as amended, being section 750.356 of the Michigan Compiled Laws, or section 362 of Act No. 328 of the Public Acts of 1931, as amended, being section 750.362 of the Michigan Compiled Laws.

752.797 Penalties. [M.S.A. 28.529(7)]

Sec. 7. A person who violates this act, if the violation involves \$100.00 or less, is guilty of a misdemeanor. If the violation involves more than \$100.00, the person is guilty of a felony, punishable by imprisonment for not more than 10 years, or a fine of not more than \$5,000.00, or both.

Approved July 11, 1979.

Identity Theft Protection Act 452 of 2004, as amended

Sec. 12. A person that provides notice of a security breach in the manner described in this section when a security breach has not occurred, with the intent to defraud, is guilty of a misdemeanor punishable by imprisonment for not more than 30 days or a fine of not more than \$250.00 for each violation, or both.

Sec. 13. Subject to subsection (14), a person that knowingly fails to provide any notice of a security breach required under this section may be ordered to pay a civil fine of not more than \$250.00 for each failure to provide notice. The attorney general or a prosecuting attorney may bring an action to recover a civil fine under this section.

Sec. 14. The aggregate liability of a person for civil fines under subsection (13) for multiple violations of subsection (13) that arise from the same security breach shall not exceed \$750,000.00.

Social Security Number Privacy Protection Act 454 of 2004

Sec. 6. (1) A person who violates section (3) with knowledge that person's conduct violates this act is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than \$1,000.00 or both.

MDOC INITIATIVE HCV PROGRAM PRE-APPLICATION REFERRAL

Head of Household Information:

Please fill out each field completely. Every field is required.

HMIS# _____

1. Do you/Will you Live or Work in _____ County of application? ☐ Yes ☐ No

2. Full Name (First Name, Middle Initial, Last Name):

3. Gender: ☐ Male ☐ Female

4. Veteran: ☐ Yes ☐ No

5. Are you disabled? ☐ Yes ☐ No

6. Social Security Number: _____ - _____ - _____

7. Birth Date (MM/DD/YYYY): ____/____/____

8. Citizenship: (please select one) ☐ Citizen ☐ Not U.S. Citizen ☐ Ineligible Non-Citizen
☐ Pending Verification ☐ Unknown/Unverified

9. Race (please select one): ☐ White ☐ Black/African American
☐ American Indian/Alaskan Native
☐ Asia Native/Hawaiian or Other Pacific Islander

10. Ethnicity (please select one): ☐ Hispanic or Hispanic Origin
☐ Not Hispanic or Hispanic Origin

11. Mailing Address: _____
Street Address Apartment Number

City State Zip Code

12. Phone (include area code): (_____) _____ - _____

13. E-mail address (if you have one): _____

Other Household Members:

Please fill out each row completely for every member of the household (other than the Head of Household).

Do not add Head of Household in this section

14. Family Members (those that will be living with you)

| First Name | Last Name | SSN | Relationship to Applicant | Birthdate | Gender (M/F) | Citizenship (citizen, not a citizen, unknown) | Disability (Y/N) |
|------------|-----------|-----|---------------------------|-----------|--------------|---|------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Additional Required Questions:

Please fill out these questions.

15. Are you or any member(s) of your family a person with a disability that needs an accessible unit?

☐ Yes ☐ No

16. Do you need assistance in completing future paperwork? ☐ Yes ☐ No

17. If yes, send all future notices or information to:

Name of assisting person to receive paperwork

Mailing address of assisting person:

Street Address Apartment #

City State Zip Code

Phone Number of assisting person: () _____ - _____

Email Address of the assisting person (if available): _____

Relationship to Application: _____

Income Information for the Family:

18. What is the total family gross income (before taxes or deductions) per year? _____

Please include all income of each family member and head of household.

MDOC Approval:

The MDOC collaboration with the HCV Program requires that a Pre-Applicant has been identified as a selected candidate for the MDOC Initiative HCV Program.

I _____ certify that the above identified pre-applicant has
(Print Name and Title of Agency Representative)
been approved to participate in the MDOC Initiative HCV Program.

Signature of Agency Representative

Date of Signature

Date:**Name of Applicant/Participant (print):****Last Four (4) Digits of Social Security Number:****Address:****Telephone Number:** () - **E-Mail:**

I hereby certify that I am the individual listed above and that I am a current applicant or participant of the Michigan State Housing Development Authority (MSHDA) Housing Choice Voucher Program.

I hereby authorize the release of information to the organizations listed below regarding my income, assets, expenses, and household status for the purposes of determining my eligibility for participation in the Programs. The information will only be used for determining eligibility in the HCV Program and will be kept confidential and will not be released outside of this scope. I understand and agree that photocopies of this authorization may be used for the purpose stated above.

MDOC Lead Agency Name:**MDOC Referring Agency:****Housing Agent:**

Signature of Applicant/Participant: _____**Date of Applicant/Participant Signature:** _____

Note: This authorization may be revoked at any time by providing written notice to your housing agent and will automatically expire fifteen (15) months from the date of signature.

If you have any questions after reading this document, please contact:

| |
|--|
| Distribution: MSHDA File, Lead Agency, Referring Agency |
|--|

Si no puede leer este documento porque eres incapaz de leer Inglés, o requerir que esta comunicación sea interpretada o traducida y no conoces a alguien que es capaz de traducir, por favor llame a nuestra oficina para una interpretación o traducción de forma gratuita. Nuestro número de teléfono de la oficina es 517-373-9344.

**MDOC Initiative
HCV Program
Participant Agreement**

You have been selected to participate in the MDOC Initiative Housing Choice Voucher (HCV) Program.

What is the MDOC Initiative?

- The purpose of this program is to move individuals toward greater independence in the community.
- Due to your success in housing with _____ (*fill in name of program/agency*), you have been selected to transition to a Housing Choice Voucher).

What is a Housing Choice Voucher (HCV)?

- HCV is a long-term housing subsidy which will subsidize your rent, with the expectation that you continue to pay 30% of your income toward rent, just as you are currently doing. People who have a HCV may keep that voucher for as long as they need it, as long as they continue to meet the requirements of the HCV program. There is no service requirement for those with an HCV voucher.

If you choose to participate in this program, your parole officer will work with you to transition to the HCV program. Your parole officer will continue to link you to other services to help you maintain your housing and assist with other needs that you may have.

Things You Should Know Before You Agree to Participate:

- Participation in the MDOC Initiative is voluntary.
- Regardless of the HCV participant's household income, the minimum payment amount for HCV is \$50.
- As part of the application process for HCV, a background check will be completed.
- If you agree to participate in the MDOC Initiative, you will be expected to follow the rules of your lease, pay your portion of the rent, and keep your home in good condition.
- If you participate in HCV, you will need to complete recertification paperwork on an annual basis and report any changes in family composition or income to your housing agent. Failure to follow the terms of the HCV program may result in the loss of that voucher. If this happens, you may not be eligible to go back to the program you are currently in.

Participant Signature

I have reviewed and understand the document above and I am interested in participating in the MDOC Initiative. I understand that my agreement to participate does not guarantee that I will be awarded an HCV voucher.

Participant Signature

Date

Participant Printed Name

Parole Officer Signature

Date

Parole Officer Printed Name